

Meath County Council



Local Authority Adaptation Works Scheme Mobility Aids & Housing Adaptations for Local Authority Tenants

1. Purpose of Scheme

The Local Authority Adaptation Works Scheme (L.A.A.W.S.) is available to assist **Local Authority Tenants** to address mobility problems, primarily, but not exclusively, associated with ageing. This scheme is also available to assist in the carrying out of works which are reasonably necessary for the purposes of rendering a house more suitable for the accommodation of a person with a disability who has an enduring physical, sensory, mental health or intellectual impairment. The types of works allowable under the scheme include:

- Grab-rails;
- Access ramps;
- Level access showers;
- Stair-lifts;
- Adaptations to facilitate wheelchair access;
- Other works which are reasonably necessary for the purposes of rendering a house more suitable for the accommodation of a person with a disability or to facilitate the mobility needs of a member of a household.

*Please note that requests for replacement windows / doors and / or insulation works are not processed under the Local Authority Adaptation Works Scheme. Such requests are dealt with under the appropriate Maintenance Programme and / or Energy Upgrade Programme. Please contact the housing maintenance unit, based in your Local Area Office, in this regard.

2. Funding

Meath County Council will endeavour to approve as many applications as possible, subject to the availability of funding and / or any technical constraints identified with the carrying out of the proposed adaptation works. However, it is likely that only some of the applicants identified as Priority 1 (Medical Priority) will be approved.

3. Prioritisation

Applications are prioritised on the basis of the medical need/s of the applicant, having regard to the completed Medical Certificate of the applicants' General Practitioners / Consultants and if applicable, Occupational Therapists. Please see below 3 general levels of medical priority identified.

Medical Priorities

Priority 1

Terminally ill or fully/mainly dependant on family or carer; or where alterations / adaptations would facilitate discharge from hospital or alleviate the need for hospitalisation in the future;

Priority 2

Mobile but needs assistance in accessing washing, toilet facilities, bedroom etc; or where without the alterations/adaptations the disabled person's ability to function independently would be hindered;

Priority 3

Independent but requires special facilities to improve the quality of life, e.g. separate bedroom/living space.

**MEATH COUNTY COUNCIL
LOCAL AUTHORITY ADAPTATION WORKS SCHEMES
(Local Authority Tenants Only)**

APPLICATION FORM

1. APPLICANT/S DETAILS (Person/s for whom adaptation works are requested)

Applicant 1.....	Applicant 2.....
Address:.....	Address:.....
.....
D.O.B.....	D.O.B.....
P.P.S. No.....	P.P.S. No.....
Occupation:.....	Occupation:.....
Contact Number/s.....	Contact Number/s.....
E-Mail address:.....	E-Mail address:.....

2. DETAILS OF CONTACT PERSON TO WHOM ALL CORRESPONDENCE WILL ISSUE
(If different from above applicant/s details)

Name.....

Relationship to applicant.....

Address.....

Contact No.....

3. PROPERTY TO WHICH ADAPTATION WORKS ARE REQUESTED

Address of property:

Rent Account Number:

Is your Rent account in arrears Yes No

Amount of Arrears (If applicable): €.....

If your rent account is in arrears have you made a formal agreement with the Rents Department to reduce the arrears: Yes No

Description of Property (Number and description of rooms)

	Bedrooms	Living	Dining	Kitchen	Bathroom	Other
Upstairs						
Downstairs						

4. PROPERTY TO WHICH WORKS ARE PROPOSED TO BE CARRIED OUT

Is the applicant permanently residing at this address? (Please tick box) Yes No

If "No" provide details:

Does the applicant have an interest in alternative accommodation other than the property the subject of this application? (Please tick box) Yes No

If "Yes" provide details.....

5. HOUSEHOLD DETAILS

(Details of all persons living in the property, including the applicant, to which works are proposed to be carried out)

Name	Relationship to Applicant	Date of Birth	Age	Occupation	Gross Income for previous Tax Year (including any private pensions)

Evidence of household income should be submitted, as detailed below, in respect of the applicant/s and, if applicable, for all other persons residing in the property.

- In the case of PAYE workers, P60 or Balancing Statement for the previous tax year
- In the case of self-employed or farmers, Income Tax Assessment form, together with a copy of accounts for the previous tax year
- In the case of social welfare / state pension recipients, a statement from Social Welfare stating weekly / annual payments, or a copy of a current social welfare payment receipt will suffice.
- Where income is received from more than one source, documentation to support all incomes should be submitted

6. PROPOSED WORKS

(Please tick box / boxes as appropriate with regard to the Adaptation Works you wish to apply for)

- Grab Rails:
- Access ramp(s)
- Accessible Shower
- Stair-lift
- Adaptation to facilitate wheelchair access
- Other Adaptation Work – Please Specify

*Please note that requests for replacement windows / doors and / or insulation works are not processed under the Local Authority Adaptation Works Scheme. Such requests are dealt with under the appropriate Maintenance Programme and / or Energy Upgrade Programme. Please contact the housing maintenance unit, based in your Local Meath County Council Area Office, in this regard.

.....

I hereby certify that all information given in this application form is correct

Signed:.....(Applicant1/Representative) Date:.....

Signed:.....(Applicant2/Representative) Date:.....

Please forward completed application forms to Meath County Council, Housing Section, County Hall, Railway Street, Navan, Co. Meath, C15 AW81

N.B. INCOMPLETE APPLICATION FORMS WILL BE RETURNED INVALID

MEDICAL CERTIFICATE

To Be Completed By Doctor / Consultant.

Completion of this form is mandatory for applications in respect of the Local Authority Adaptation Works Scheme

Please use Block Capitals

Applicant Details (Person/s for whom adaptation works is requested)

(If more than 1 applicant requires the completion of a Medical Certificate, please contact the Housing Section, Meath County Council, County Hall, Navan, Co. Meath, C15 AW81 – Tel 046 9097255 for an additional Medical Certificate. It is not permissible to complete this Medical Certificate for more than 1 applicant)

Applicant:.....

Address:.....

.....

Diagnosis:

.....

.....

.....

.....

Prognosis:

.....

.....

.....

.....

Please tick appropriate box in respect of the applicant/s (Only one box may be ticked)

- Terminally ill
- Fully/mainly dependant on family or carer
- Where alterations/adaptations would facilitate discharge from hospital or alleviate the need for hospitalisation in the future
- Mobile but needs assistance in accessing washing, toilet facilities, bedroom etc; or where without the alterations/adaptations the disabled person's ability to function independently would be hindered
- Independent but requires special facilities to improve the quality of life, e.g. separate bedroom/living space

Any Additional Information (**Please use Block Capitals**).....

.....

NAME OF DOCTOR / CONSULTANT:.....

ADDRESS:.....

SIGNED:.....**(Doctor/Consultant)**

DATE:.....

OFFICIAL STAMP

